## NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1.53(b)

[ ] Duplicate (check, if applicable)

MAIL STOP PATENT APPLICATION
Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket No.: 9448-145US (G0287US) First Named Inventor: Minoru MIZUTANI Express Mail Label No.: EV199928207US Total Pages of Transmittal Form: 2



Transr	nitted h	erewith for filing is the non-provisional utility patent application entitled:							
		IMAGE FORMING APPARATUS							
which	is:								
an	[X]	Original; or							
a		Continuation, [] Divisional, or [] Continuation-in-part (CIP) or Application No. filed.							
	Antici	pated Group/Art Unit: or Class, Subclass.							
[]	This n filed.	on-provisional patent application is based on Provisional Patent Application No. ,							
Enclos	ed are:								
	[X] Specification (including Abstract) and claims: 28 pages.								
	[X]	18 sheets of drawings (formal).							
•	[]	Application Data Sheet.							
į	[X]	Newly executed Declaration (copy).							
	[]	Copy of Declaration from prior application.							
	Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).								
	[ ] Microfiche computer program (Appendix).								
[ ] Nucleotide and/or Amino Acid Sequence Submission, including:									
		[ ] Computer readable copy [ ] Paper Copy [ ] Verified Statement.							
4	[X]	Under PTO-1595 Cover Sheet, an assignment of the invention							
	[X]	Name of Assignee: Oki Data Corporation							
	[X]	$\label{eq:continuous} \begin{tabular}{lllllllllllllllllllllllllllllllllll$							
	[]	Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as [ ] an Independent Inventor, or [ ] a Small Business Concern, or [ ] a Non-Profit Organization.							
	[]	Preliminary Amendment.							
	[]	Information Disclosure Statement, PTO/SB/08A, and cited references.							
	[]	Request for Nonpublication of Application Under 35 U.S.C. §122(b)							
	[]	Other:							
The fil	ing fee	is calculated as follows:							

1

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$375			BA	ASIC FEE: \$750
Total	19-20 =	0	X9	\$	OR	X18	\$
Independent	3-3=	0	X42	\$	OR	X84	\$
[ ] Multiple D	ependent Claim	\$140	\$	OR	\$280	\$	
			TOTAL	\$	OR	TOTAL	\$ 750.00

- [ ] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- [X] A check in the amount of \$750.00 to cover the filing is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 209448.0145) as noted below. A duplicate copy of this sheet is enclosed.
  - [X] Any overpayments or deficiencies in the above-calculated fee.
  - [ ] Filing fee in the amount of \$\_\_\_\_\_ as calculated above.
  - [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
  - [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

## CORRESPONDENCE ADDRESS

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MGB:srn Enclosures